

County: Pierce

Facility ID: 8260

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SPRING VALLEY HEALTH CARE CENTER

W500 STATE RD 29

SPRING VALLEY 54767 Phone: (715) 778-5545

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 57

Total Licensed Bed Capacity (12/31/04): 59

Number of Residents on 12/31/04: 47

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 44

City

Skilled

No

Yes

Yes

44

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.8	
Home Health Care	Yes					1 - 4 Years		23.4	
Supp. Home Care-Personal Care	Yes					More Than 4 Years		46.8	
Supp. Home Care-Household Services	Yes	Developmental Disabilities	19.1	Under 65	14.9				
Day Services	No	Mental Illness (Org./Psy)	48.9	65 - 74	4.3				
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	25.5				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.8	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.1	95 & Over	8.5	Full-Time Equivalent			
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	4.3	65 & Over	85.1				
Transportation	No	Cerebrovascular	6.4			RNs		6.2	
Referral Service	No	Diabetes	2.1	Gender	%	LPNs		18.1	
Other Services	No	Respiratory	4.3			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	8.5	Male	44.7	Aides, & Orderlies			
Mentally Ill	No			Female	55.3				
Provide Day Programming for			100.0						
Developmentally Disabled	Yes				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	1	2.8	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.1	
Skilled Care	4	100.0	308	26	72.2	119	0	0.0	0	6	85.7	137	0	0.0	0	0	0.0	0	36	76.6	
Intermediate	---	---	---	1	2.8	98	0	0.0	0	1	14.3	122	0	0.0	0	0	0.0	0	2	4.3	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	8	22.2	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	17.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		36	100.0		0	0.0		7	100.0		0	0.0		0	0.0		47	100.0	

***** Admissions, Discharges, and Deaths During Reporting Period Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 -----						
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	30.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	11.8	Bathing	6.4	66.0	27.7	47
Other Nursing Homes	0.0	Dressing	34.0	44.7	21.3	47
Acute Care Hospitals	41.2	Transferring	34.0	46.8	19.1	47
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	27.7	51.1	21.3	47
Rehabilitation Hospitals	0.0	Eating	63.8	21.3	14.9	47
Other Locations	16.2	*****				
Total Number of Admissions	68	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.6	Receiving Respiratory Care		8.5
Private Home/No Home Health	40.0	Occ/Freq. Incontinent of Bladder	42.6	Receiving Tracheostomy Care		2.1
Private Home/With Home Health	16.9	Occ/Freq. Incontinent of Bowel	25.5	Receiving Suctioning		0.0
Other Nursing Homes	1.5			Receiving Ostomy Care		0.0
Acute Care Hospitals	4.6	Mobility		Receiving Tube Feeding		2.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	8.5	Receiving Mechanically Altered Diets		48.9
Rehabilitation Hospitals	0.0					
Other Locations	20.0	Skin Care		Other Resident Characteristics		
Deaths	16.9	With Pressure Sores	2.1	Have Advance Directives		89.4
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	65			Receiving Psychoactive Drugs		38.3

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 50-99 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.6	93.1	0.80	89.0	0.84	90.5	0.82	88.8	0.84
Current Residents from In-County	78.7	86.2	0.91	81.8	0.96	82.4	0.96	77.4	1.02
Admissions from In-County, Still Residing	16.2	33.0	0.49	19.0	0.85	20.0	0.81	19.4	0.83
Admissions/Average Daily Census	154.5	79.1	1.95	161.4	0.96	156.2	0.99	146.5	1.06
Discharges/Average Daily Census	147.7	78.7	1.88	163.4	0.90	158.4	0.93	148.0	1.00
Discharges To Private Residence/Average Daily Census	84.1	29.9	2.82	78.6	1.07	72.4	1.16	66.9	1.26
Residents Receiving Skilled Care	78.7	89.7	0.88	95.5	0.82	94.7	0.83	89.9	0.88
Residents Aged 65 and Older	85.1	84.0	1.01	93.7	0.91	91.8	0.93	87.9	0.97
Title 19 (Medicaid) Funded Residents	76.6	73.3	1.05	60.6	1.26	62.7	1.22	66.1	1.16
Private Pay Funded Residents	14.9	18.3	0.82	26.1	0.57	23.3	0.64	20.6	0.72
Developmentally Disabled Residents	19.1	2.7	7.14	1.0	18.54	1.1	17.08	6.0	3.17
Mentally Ill Residents	53.2	53.0	1.00	34.4	1.55	37.3	1.43	33.6	1.58
General Medical Service Residents	8.5	18.6	0.46	22.5	0.38	20.4	0.42	21.1	0.40
Impaired ADL (Mean)	44.3	47.5	0.93	48.3	0.92	48.8	0.91	49.4	0.90
Psychological Problems	38.3	69.4	0.55	60.5	0.63	59.4	0.64	57.7	0.66
Nursing Care Required (Mean)	8.0	7.4	1.08	6.8	1.17	6.9	1.16	7.4	1.07